

Please type a plus sign (+) inside this box → **+**

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	ROGERS
Group Art Unit	
Examiner Name	
Attorney Docket Number	1477 (TOUCHSTONE)

I hereby appoint:

Practitioners at Customer Number   → Place Customer Number Bar Code Label here

**OR**

Practitioner(s) named below:

Name	Registration Number
Auzville Jackson, Jr.	17, 306

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Auzville Jackson, Jr.				
Address	8652 Rio Grande Rd.				
Address					
City	Richmond	State	VA	Zip	23229
Country	US				
Telephone	804/740-6828	Fax	804/740-1881		

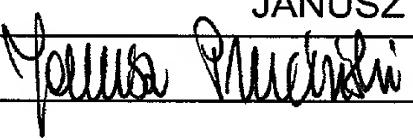
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	JANUSZ WLADYSLAW PLUCINSKI	
Signature		
Date	10/02/01	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.